

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Friends of Bill Posey

ADDRESS (number and street)

P. O. Box 360877

☒Check if different
than previously
reported. (ACC)

Melbourne

FL

32936

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

STATE DISTRICT

C00444968

3. IS THIS
REPORTNEW
(N)

OR

☒ AMENDED
(A)

FL

15

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Nancy H. Watkins

Signature of Treasurer

Electronically Filed by Nancy H. Watkins

Date

07

14

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Bill Posey

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	99259.13	107759.13
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	99259.13	107759.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	64139.40	117873.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	140.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	64139.40	117733.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	70753.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	48469.60	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name
Friends of Bill Posey

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	28586.80	29586.80
(i) Itemized (use Schedule A).....	11348.94	11348.94
(ii) Unitemized.....	39935.74	40935.74
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	59323.39	66823.39
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	99259.13	107759.13
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	140.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	99259.13	107899.13

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	64139.40	117873.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	64139.40	117873.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35633.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	99259.13
25. SUBTOTAL (add Line 23 and Line 24).....	134892.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64139.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	70753.01

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

AFLAC Incorporated PAC

Mailing Address 1932 Wynnton Road

City State Zip Code
 Columbus GA 31999

FEC ID number of contributing
federal political committee.

C C00034157

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 9

Transaction ID: C-1-00KE03

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

AT&T, Inc. Federal PAC

Mailing Address 175 E. Houston Street, #7-A-50

City State Zip Code
 San Antonio TX 78205

FEC ID number of contributing
federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: C-2-00TA02

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Action Comm. for Rural Electrification

Mailing Address 4301 Wilson Blvd.

City State Zip Code
 Arlington VA 22203

FEC ID number of contributing
federal political committee.

C C00008169

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: C-3-00Qh02

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Advanta Corp. Employees' Political Fund

Mailing Address 1 Righter Parkway, 2nd Floor

City State Zip Code
Wilmington DE 19803

FEC ID number of contributing
federal political committee.

C C00279604

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-4-00W401

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Akerman Senterfitt & Eidson, P.A. PAC

Mailing Address 255 S. Orange Avenue

City State Zip Code
Orlando FL 32802

FEC ID number of contributing
federal political committee.

C C00280008

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-5-005T04

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
American Airlines PAC

Mailing Address 1101 17th Street, N.W., #600

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00107300

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: C-6-00VW01

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

American Association for Justice PAC

Mailing Address 777 6th Street, N.W., #200

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00024521

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-7-00KW03

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

American Assn. of Clinical Urologists PAC

Mailing Address 1100 E. Woodfield Road, #520

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing
federal political committee.

C

C00273003

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-8-00W501

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

American Chiropractic Association PAC

Mailing Address 1701Clarendon Blvd.

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

C00102764

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-9-00Hv02

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers PAC

Mailing Address 101 Constitution Ave., N.W., #700

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00147066

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

323.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: C-10-00Uu01

Amount of Each Receipt this Period

157.00

meeting expenses

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers PAC

Mailing Address 101 Constitution Ave., N.W., #700

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00147066

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

323.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C-11-00Uu02

Amount of Each Receipt this Period

166.39

catering

C.

Full Name (Last, First, Middle Initial)

American Society of Anesthesiologists PAC

Mailing Address 520 N. Northwest Highway

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

C00255752

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: C-12-00AQ04

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1323.39

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

American Society of Anesthesiologists PAC

Mailing Address 520 N. Northwest Highway

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.**C**

C00255752

Name of Employer

Occupation

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Transaction ID: C-13-00AQ05

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Blank Rome PAC

Mailing Address 600 New Hampshire Avenue, N.W.

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.**C**

C00150797

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: C-24-00PH02

Amount of Each Receipt this Period

1000.00

general 2008 debt

C.

Full Name (Last, First, Middle Initial)

Boeing Political Action Committee

Mailing Address 1200 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.**C**

C00142711

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Transaction ID: C-26-00Uv01

Amount of Each Receipt this Period

1000.00

general 2008 debt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Boeing Political Action Committee

Mailing Address 1200 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

C00142711

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-27-00Uv02

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DRS Technologies, Inc. Good Govt. Fund

Mailing Address 5 Sylvan Way, #500

City

Parsippany

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

C00275123

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C-48-00Uf02

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Employees of Northrop Gruman Corp. PAC

Mailing Address 520 S. Grand Avenue, #700

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

C00088591

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 9

Transaction ID: C-66-00Ts02

Amount of Each Receipt this Period

3000.00

2008 general debt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Every Republican is Crucial (ERIC) PAC

Mailing Address 25 E. Main Street, #200

City State Zip Code
Richmond VA 23219

FEC ID number of contributing
federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C-68-00JL02

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Financial Services Institute PAC

Mailing Address 900 Circle 75 Parkway, #860

City State Zip Code
Atlanta GA 30339

FEC ID number of contributing
federal political committee. **C** C00409714

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: C-72-00Vq01

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Florida Sugar Cane League PAC

Mailing Address 1301 Pennsylvania Ave., N.W., #401

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 9

Transaction ID: C-74-00SF02

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Friends of Dave Weldon

Mailing Address P.O. Box 968

City

Melbourne

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.**C**

C00294280

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	9	

Transaction ID: C-76-000203

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Harris Corporation PAC

Mailing Address 600 Maryland Avenue, S.W., #850E

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.**C**

C00100321

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	9	

Transaction ID: C-94-001L03

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Harris Corporation PAC

Mailing Address 600 Maryland Avenue, S.W., #850E

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.**C**

C00100321

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	9	

Transaction ID: C-95-001L04

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

The Home Depot, Inc. PAC

Mailing Address 101 Constitution Ave., N.W., #800W

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: C-101-00KX02

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

IAP Worldwide Services PAC

Mailing Address 7315 N. Atlantic Avenue

City State Zip Code
Cape Canaveral FL 32920

FEC ID number of contributing
federal political committee.

C C00414425

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: C-102-00Tj02

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

IPAA Wildcatters Fund

Mailing Address 1201 15th Street, N.W., #300

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00246306

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 16 / 2009

Transaction ID: C-103-00Un01

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Independent Ins. Agents & Brokers PAC

Mailing Address 412 1st Street, S.E., #300

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-104-004z03

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street, N.W., #1200

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: C-106-00VV01

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
JM Family Enterprises, Inc. PAC

Mailing Address 100 Jim Moran Blvd.

City State Zip Code
Deerfield Beach FL 33442

FEC ID number of contributing
federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C-108-00JU03

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance Company PAC

Mailing Address 175 Berkeley Street

City State Zip Code
Boston MA 02117

FEC ID number of contributing
federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: C-123-00W901

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Majority Committee PAC

Mailing Address P. O. Box 10134

City State Zip Code
Bakersfield CA 93389

FEC ID number of contributing
federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C-128-00Vx01

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Assn. PAC

Mailing Address 1325 Massachusetts Avenue, N.W.

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 9

Transaction ID: C-154-00W601

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

National Association of Realtors PAC

Mailing Address 430 N. Michigan Avenue

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

C00030718

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: C-155-00G703

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Natl. Assn. of Ins. & Fin. Advisors PAC

Mailing Address 2901 Telestar Court

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

C00005249

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-156-00SG02

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

National Community Pharmacists Assn. PAC

Mailing Address 100 Daingerfield Road

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

C00030809

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-157-00W301

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

National Emergency Medicine PAC

Mailing Address 1125 Executive Circle

City

Irving

State

TX

Zip Code

75038

FEC ID number of contributing
federal political committee.**C**

C00140061

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Transaction ID: C-158-00HU02

Amount of Each Receipt this Period

2500.00

general 2008 debt

B.

Full Name (Last, First, Middle Initial)

National Multi Housing Council PAC

Mailing Address 1850 M Street, N.W., #540

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C**

C00130773

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Transaction ID: C-159-00VT01

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

National Multi Housing Council PAC

Mailing Address 1850 M Street, N.W., #540

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C**

C00130773

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

Transaction ID: C-160-00VT02

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Natl. Rifle Assn. Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code

Fairfax VA 22030

FEC ID number of contributing
federal political committee.

C C00053553

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C-161-00KT03

Amount of Each Receipt this Period

1000.00

general 2008 debt

B.

Full Name (Last, First, Middle Initial)

PAC of Amer. Assn. of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Ave., N.E., 1st

City State Zip Code

Washington DC 20002

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: C-171-00KZ02

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Progress Energy Employees' Federal PAC

Mailing Address P.O. Box 1510

City State Zip Code

Raleigh NC 27602

FEC ID number of contributing
federal political committee.

C C00091884

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C-173-00Ur01

Amount of Each Receipt this Period

1000.00

general 2008 debt

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 56

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

R.J. Reynolds Political Action Committee

Mailing Address P.O. Box 718

City

Winston-Salem

State

NC

Zip Code

27102

FEC ID number of contributing
federal political committee.

C

C00042002

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-176-00JM04

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Rockwell Collins, Inc. Good Govt. Committee

Mailing Address 1300 Wilson Blvd., #200

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

C00365684

Name of Employer

Occupation

Receipt For:

2008

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C-177-00Us01

Amount of Each Receipt this Period

1000.00

general 2008 debt

C.

Full Name (Last, First, Middle Initial)

SAIC, Inc. Voluntary PAC

Mailing Address 10260 Campus Point Drive

City

San Diego

State

CA

Zip Code

92121

FEC ID number of contributing
federal political committee.

C

C00300418

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-180-00W801

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.Full Name (Last, First, Middle Initial)
Specialty Equipment Market Assn. PAC

Mailing Address 1575 S. Valley Vista Drive

City	State	Zip Code
Diamond Bar	CA	91765

FEC ID number of contributing
federal political committee.**C** C00389403

Name of Employer

Occupation

 Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3	/	3 0	/	2 0 0 9

Transaction ID: C-190-00GL03

Amount of Each Receipt this Period

1000.00

B.Full Name (Last, First, Middle Initial)
TACO Political Action Committee

Mailing Address 6405 Metcalf Avenue, #503

City	State	Zip Code
Shawnee Mission	KS	66202

FEC ID number of contributing
federal political committee.**C** C00330118

Name of Employer

Occupation

 Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3	/	2 6	/	2 0 0 9

Transaction ID: C-199-00W701

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

59323.39

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Frank E. Ball

Mailing Address 4200 W. White River Blvd.

City

Muncie

State

IN

Zip Code

47304

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
retired

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	9

Transaction ID: C-16-00VX01

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Doyle Bartlett

Mailing Address 609 Oakley Place

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bartlett & BendallOccupation
partner

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Transaction ID: C-20-00W101

Amount of Each Receipt this Period

186.80

food & beverage

C.

Full Name (Last, First, Middle Initial)

Doyle Bartlett

Mailing Address 609 Oakley Place

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bartlett & BendallOccupation
partner

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Transaction ID: C-21-00W102

Amount of Each Receipt this Period

150.00

facility rental

SUBTOTAL of Receipts This Page (optional)

836.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Marjorie A. Bartok

Mailing Address 3825 MacFarlane Street

City

Melbourne Beach

State

FL

Zip Code

32951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spherion Staffing of Brev-
ard

Occupation
owner

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C-22-00HM03

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Debra M. Brown

Mailing Address 17539 Vista Belle Court

City

Montverde

State

FL

Zip Code

34756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Chiropractic Assn-
.. Inc.

Occupation
c.e.o.

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: C-30-00Fo02

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James J. Butera

Mailing Address 1301 Pennsylvania Avenue, N.W., #5

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butera & Andrews

Occupation
attorney

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C-33-00W101

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Peter H. Challan

Mailing Address 2818 28th Street, N.W.

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harris Corp.

Occupation

govt. relations

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: C-36-00IG02

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dan Corrigan

Mailing Address P. O. Box 690068

City

Vero Beach

State

FL

Zip Code

32969

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

citrus farmer

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: C-44-004H02

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dan Corrigan

Mailing Address P. O. Box 690068

City

Vero Beach

State

FL

Zip Code

32969

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

citrus farmer

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: C-45-004H03

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Martin Depoy

Mailing Address 3396 Stuyvesant Place, N.W.

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bockorny Group

Occupation
principal

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C-53-00V101

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

R. Kenneth Derick

Mailing Address 7802 Bardmoor Hill Circle

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Engineering

Occupation
engineer

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C-54-00V501

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William R. Ellis

Mailing Address 1823 Crane Creek Blvd.

City

Melbourne

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First

Occupation
v.p. of govt. relations

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C-65-00VZ01

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Michael J. Eubank

Mailing Address 6760 Still Point Drive

City

Melbourne

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carroll Distributing Comp-
any

Occupation
president

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: C-67-005Y04

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Henry A. Fischer

Mailing Address P. O. Box 780068

City

Sebastian

State

FL

Zip Code

32978

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C-73-002703

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Karl M. Gallant

Mailing Address 9506 Gauge Drive

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aduston Consulting, Inc.

Occupation
consultant

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-78-00Vw01

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Dudley E. Garner

Mailing Address 3110 W. Florida Avenue

City

Melbourne

State

FL

Zip Code

32904

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
retired

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: C-80-00Vk01

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Walter J. Gatti

Mailing Address 2060 S. Patrick Drive

City

Indian Harbour Bea

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tensor Engineering

Occupation
president

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-82-00Rx02

Amount of Each Receipt this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

George R. Geletko

Mailing Address 507 Lake Victoria Circle

City

Melbourne

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waste Management

Occupation
executive

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C-84-00MJ02

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Herbert W. Gullquist

Mailing Address 530 Coconut Palm Blvd.

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lazard Asset Management

Occupation

senior advisor

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-90-00Mb04

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kristine M. Isnardi

Mailing Address 562 Olivia Street, S.W.

City

Palm Bay

State

FL

Zip Code

32908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First

Occupation

registered nurse

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C-107-00VY01

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William L. Knappenberger

Mailing Address 1342 Vestavia Circle

City

Melbourne

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pediatrics of Brevard

Occupation

pediatrician

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-116-003b02

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Fred Maxik

Mailing Address 462 Sanderling Drive

City State Zip Code
Indialantic FL 32903
FEC ID number of contributing
federal political committee.

C

Name of Employer
Lighting ScienceOccupation
chief scientific officer
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C-132-00OG02

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert E. Mills

Mailing Address 13524 Hunting Hill Way

City State Zip Code
North Potomac MD 20878
FEC ID number of contributing
federal political committee.

C

Name of Employer
The Advocacy GroupOccupation
consultant
Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: C-147-00JR03

Amount of Each Receipt this Period

500.00

general 2008 debt

C.

Full Name (Last, First, Middle Initial)

Beverly J. Mogensen

Mailing Address 4601 Highway A1A, #403

City State Zip Code
Vero Beach FL 32963
FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
retired
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C-148-003Y02

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Eric M. Mondres

Mailing Address 15082 Stillfield Place

City

Centreville

State

VA

Zip Code

20120

FEC ID number of contributing
federal political committee.

C

Name of Employer
FHL Bank Atlanta

Occupation

sr. vice-president

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C-149-00V001

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John E. Moore

Mailing Address 5070 N. Highway A1A, #200

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rossway, Moore & Taylor

Occupation

attorney

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C-151-00LX03

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Eleanor Ochylski

Mailing Address 100 Seaway Court

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

retired

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C-163-00A802

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Eun Bee Pak

Mailing Address 321 Sandhurst Drive

City

Melbourne

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
homemaker

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Transaction ID: C-165-00IE02

Amount of Each Receipt this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Sei Hwan Pak

Mailing Address 321 Sandhurst Drive

City

Melbourne

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appliance DirectOccupation
owner

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Transaction ID: C-166-00ID03

Amount of Each Receipt this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Ralph W. Sexton

Mailing Address P. O. Box 2187

City

Vero Beach

State

FL

Zip Code

32961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sexton, Inc.Occupation
cattleman

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Transaction ID: C-185-003c05

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Sandra C. Sopko

Mailing Address 2732 Carlson Circle, #204

City

Melbourne

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
unemployed

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: C-189-005r03

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Joseph Steele

Mailing Address 960 Shannon Avenue

City

Indialantic

State

FL

Zip Code

32903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schlitt Real Estate Co.

Occupation
broker

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-194-00W001

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert B. Steele

Mailing Address 1406 Greneagles Way

City

Rockledge

State

FL

Zip Code

32955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bob Steele Chevrolet

Occupation
auto dealer

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: C-195-002U02

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Laureen Trent

Mailing Address 1740 Canterbury Drive

City

Indialantic

State

FL

Zip Code

32903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trent Realty

Occupation

operations director

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C-200-00Uz01

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Frank M. Tsamoutales

Mailing Address 376 Lanterback Island Drive

City

Satellite Beach

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akerman Senterfit

Occupation

consultant

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-201-00Jq03

Amount of Each Receipt this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Kimberly H. Tsamoutales

Mailing Address 376 Lanternback Island Drive

City

Satellite Beach

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

homemaker

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C-202-00Vz01

Amount of Each Receipt this Period

2300.00

SUBTOTAL of Receipts This Page (optional)

6600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

Robert S. Turner

Mailing Address 2005 S. Courtenay Parkway

City State Zip Code
 Merritt Island FL 32952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bob Turner Insurance Agen-
cy

Occupation
owner

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 5 / 2 0 0 9

Transaction ID: C-204-00Vn01

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey C. Unnerstall

Mailing Address 8681 W. Irlo Bronson Memorial Hwy.

City State Zip Code
 Kissimmee FL 34747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Upland Development

Occupation
president

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 9

Transaction ID: C-205-00V901

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael K. Vaden

Mailing Address 4479 N. U.S. Highway 1, #A

City State Zip Code
 Melbourne FL 32935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gryphon Group

Occupation
president/c.e.o.

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 9

Transaction ID: C-206-00KF02

Amount of Each Receipt this Period

2400.00

SUBTOTAL of Receipts This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)

L. Alexander Vance

Mailing Address 23 Magruder Avenue

City	State	Zip Code
Rockledge	FL	32955

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
retired
 Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3	/	2 3	/	2 0 0 9

Transaction ID: C-207-008c03

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Frederick S. Wonham

Mailing Address 501 River Drive

City	State	Zip Code
Vero Beach	FL	32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
retired
 Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 3	/	3 0	/	2 0 0 9

Transaction ID: C-218-007102

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

28586.80

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 105262	Transaction ID: D6-00AS0C Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City Atlanta State GA Zip Code 30348 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>196.26</div>
B. Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 105262 City Atlanta State GA Zip Code 30348 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8-00AS0E Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>106.04</div>
C. Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 105262 City Atlanta State GA Zip Code 30348 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D9-00AS0F Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>105.36</div>

SUBTOTAL of Disbursements This Page (optional)

407.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D12-00Hr09 Date of Disbursement
Mailing Address P. O. Box 538695	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City Atlanta State GA Zip Code 30353	Amount of Each Disbursement this Period
Purpose of Disbursement telephone	<div>580.08</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D13-00Hr0A Date of Disbursement
Mailing Address P. O. Box 538695	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 9</div> </div>
City Atlanta State GA Zip Code 30353	Amount of Each Disbursement this Period
Purpose of Disbursement telephone	<div>604.32</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D14-00Hr0B Date of Disbursement
Mailing Address P. O. Box 538695	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City Atlanta State GA Zip Code 30353	Amount of Each Disbursement this Period
Purpose of Disbursement telephone	<div>720.45</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1904.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Accurate Word, LLC

Mailing Address 4481 White Plains Lane

City State Zip Code
White Plains MD 20695

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D15-00Ve01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

498.95

B.

Full Name (Last, First, Middle Initial)
T. A. Altman

Mailing Address P.O. Box 360911

City State Zip Code
Melbourne FL 32936

Purpose of Disbursement
office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D20-00IR08

Date of Disbursement

/ /

Amount of Each Disbursement this Period

565.78

C.

Full Name (Last, First, Middle Initial)
T. A. Altman

Mailing Address P.O. Box 360911

City State Zip Code
Melbourne FL 32936

Purpose of Disbursement
office rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D21-00IR09

Date of Disbursement

/ /

Amount of Each Disbursement this Period

565.78

SUBTOTAL of Disbursements This Page (optional)

1630.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) T. A. Altman</p> <p>Mailing Address P.O. Box 360911</p> <p>City Melbourne State FL Zip Code 32936</p> <p>Purpose of Disbursement office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D22-00IR0A Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 0 9</div></p> <p>Amount of Each Disbursement this Period <div>565.78</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers PAC</p> <p>Mailing Address 101 Constitution Ave., N.W., #700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement * In-Kind->meeting expenses</p> <p>Candidate Name American Council of Life Insurers PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D23-00Uu01 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div></p> <p>Amount of Each Disbursement this Period <div>157.00</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers PAC</p> <p>Mailing Address 101 Constitution Ave., N.W., #700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement * In-Kind->catering</p> <p>Candidate Name American Council of Life Insurers PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D24-00Uu02 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div></p> <p>Amount of Each Disbursement this Period <div>166.39</div></p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <div>889.17</div></p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) Doyle Bartlett	Transaction ID: D31-00WI01 Date of Disbursement
Mailing Address 609 Oakley Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22302	Amount of Each Disbursement this Period
Purpose of Disbursement * In-Kind->facility rental	<div>150.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Doyle Bartlett	Transaction ID: D32-00WI02 Date of Disbursement
Mailing Address 609 Oakley Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22302	Amount of Each Disbursement this Period
Purpose of Disbursement * In-Kind->food & beverage	<div>186.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Data Targeting, Inc.	Transaction ID: D45-00GI09 Date of Disbursement
Mailing Address 6211 N.W. 132 Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City Gainesville State FL Zip Code 32653	Amount of Each Disbursement this Period
Purpose of Disbursement direct mail services	<div>1511.84</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1848.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) Data Targeting, Inc.	Transaction ID: D46-00GI0A Date of Disbursement
Mailing Address 6211 N.W. 132 Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City Gainesville State FL Zip Code 32653	Amount of Each Disbursement this Period
Purpose of Disbursement campaign mgmt-G08	<div>22500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Florida Power & Light	Transaction ID: D54-00H50B Date of Disbursement
Mailing Address General Mail Facility	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 9</div> </div>
City Miami State FL Zip Code 33188	Amount of Each Disbursement this Period
Purpose of Disbursement utilities	<div>33.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Florida Power & Light	Transaction ID: D55-00H50C Date of Disbursement
Mailing Address General Mail Facility	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City Miami State FL Zip Code 33188	Amount of Each Disbursement this Period
Purpose of Disbursement utilities	<div>24.86</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

22558.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D59-00Hh0A Date of Disbursement
Mailing Address 105 N. Virginia Avenue, #309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
Purpose of Disbursement fundraising consulting	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D60-00Hh0B Date of Disbursement
Mailing Address 105 N. Virginia Avenue, #309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div>
City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
Purpose of Disbursement fundraising consulting	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D61-00Hh0C Date of Disbursement
Mailing Address 105 N. Virginia Avenue, #309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 9</div> </div>
City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
Purpose of Disbursement blast faxes	<div>280.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D62-00Hh0D Date of Disbursement
Mailing Address 105 N. Virginia Avenue, #309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 0 9</div> </div>
City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
Purpose of Disbursement fundraising consulting	<div> <div></div> <div>2000.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D63-00Hh0E Date of Disbursement
Mailing Address 105 N. Virginia Avenue, #309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
Purpose of Disbursement catering/travel	<div> <div></div> <div>903.27</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kemper Business Systems	Transaction ID: D84-00GN0C Date of Disbursement
Mailing Address 1100 E. Strawbridge Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 0 9</div> </div>
City Melbourne State FL Zip Code 32901	Amount of Each Disbursement this Period
Purpose of Disbursement equipment maintenance	<div> <div></div> <div>25.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2928.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) Kemper Business Systems	Transaction ID: D85-00GN0D Date of Disbursement
Mailing Address 1100 E. Strawbridge Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 9</div> </div>
City Melbourne State FL Zip Code 32901 Purpose of Disbursement equipment maintenance Candidate Name	Amount of Each Disbursement this Period <div>25.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kemper Business Systems	Transaction ID: D86-00GN0E Date of Disbursement
Mailing Address 1100 E. Strawbridge Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City Melbourne State FL Zip Code 32901 Purpose of Disbursement equipment maintenance Candidate Name	Amount of Each Disbursement this Period <div>125.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kemper Business Systems	Transaction ID: D87-00GN0F Date of Disbursement
Mailing Address 1100 E. Strawbridge Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City Melbourne State FL Zip Code 32901 Purpose of Disbursement equipment maintenance Candidate Name	Amount of Each Disbursement this Period <div>29.47</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

179.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement BRM permit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D155-004L1e</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 1 / 2 2 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>180.00</div> </p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement p.o. box rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D158-004L1h</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 1 8 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>85.00</div> </p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address P.O. Box 105078</p> <p>City Atlanta State GA Zip Code 30348</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D186-00Uq01</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 1 / 2 2 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>224.00</div> </p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)

489.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
The Victory Group, Inc.

Mailing Address 1220 Hillshire Road

City State Zip Code
Baltimore MD 21222

Purpose of Disbursement
media consulting-Gen2008

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D188-00L40D
Date of Disbursement

M M / D D / Y Y Y Y
03 / 27 / 2009

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City State Zip Code
Tampa FL 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D195-00HS0N
Date of Disbursement

M M / D D / Y Y Y Y
01 / 22 / 2009

Amount of Each Disbursement this Period

362.00

C.

Full Name (Last, First, Middle Initial)
Capitol Host

Mailing Address Rayburn House Office Bldg., #339-B

City State Zip Code
Washington DC 20515

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1-00Up01
Date of Disbursement

M M / D D / Y Y Y Y
01 / 06 / 2009

Amount of Each Disbursement this Period

345.00

[MEMO ITEM]
Credit Card Item

SUBTOTAL of Disbursements This Page (optional)

15362.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D196-00HS00</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>2 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>337.34</div> </p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 105262</p> <p>City Atlanta State GA Zip Code 30348</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D1-00AS0D</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>0 7</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>327.76</div> </p> <p>[MEMO ITEM] Credit Card Item</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D3-004L1f</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>2 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1.17</div> </p> <p>[MEMO ITEM] Credit Card Item</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

337.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D4-004L1g</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>0 7</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1.76</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5-004L1o</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 2</div> <div>2 6</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>27.63</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D6-004L1p</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 3</div> <div>0 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>10.35</div> </p> <p>[MEMO ITEM] Credit Card Item</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement no itemization required</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D197-00HS0P</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 1 / 2 2 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>33.80</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D198-00HS0Q</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 2 5 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>1772.40</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Congressional Institute</p> <p>Mailing Address 1001 N. Fairfax Street, #410</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement conference registration</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D1-00Ux01</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 1 / 2 6 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>1658.00</div> </p> <p>[MEMO ITEM] Credit Card Item</p>

SUBTOTAL of Disbursements This Page (optional) ►

1806.20

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D3-004L1i Date of Disbursement																				
Mailing Address 680 N. Apollo Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	0	9												
City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period																				
Purpose of Disbursement postage	<table border="1"> <tr> <td colspan="10">85.00</td> </tr> </table>	85.00																			
85.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Visa	Transaction ID: D199-00HS0R Date of Disbursement																				
Mailing Address P. O. Box 30131	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
City Tampa State FL Zip Code 33630	Amount of Each Disbursement this Period																				
Purpose of Disbursement see memo entries	<table border="1"> <tr> <td colspan="10">596.74</td> </tr> </table>	596.74																			
596.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hyatt Regency	Transaction ID: D1-00UU03 Date of Disbursement																				
Mailing Address 400 New Jersey Avenue, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement lodging	<table border="1"> <tr> <td colspan="10">377.86</td> </tr> </table>	377.86																			
377.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]
Credit Card Item**[MEMO ITEM]**
Credit Card Item**SUBTOTAL** of Disbursements This Page (optional)

596.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hyatt Regency</p> <p>Mailing Address 400 New Jersey Avenue, N.W.</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D2-00UU04</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 1 2 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>147.71</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D4-004L1m</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 0 6 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>1.17</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D200-00HS0S</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 3 / 1 0 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>202.84</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

202.84

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D2-004L1j</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>1 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>9.80</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D3-004L1k</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>2 9</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4.95</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D4-004L1l</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 2</div> <div>0 4</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>10.35</div> </p> <p>[MEMO ITEM] Credit Card Item</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entry</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D201-00HS0T</p> <p>Date of Disbursement <div> <div>03</div> <div>20</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>42.00</div> </p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D1-004L1n</p> <p>Date of Disbursement <div> <div>03</div> <div>10</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>42.00</div> </p> <p>[MEMO ITEM] Credit Card Item</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement no itemization required</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D202-00HS0U</p> <p>Date of Disbursement <div> <div>03</div> <div>20</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>99.35</div> </p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)

141.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D203-00HS0V</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="758.94"/></p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Publix</p> <p>Mailing Address 3300 Publix Corporate Parkway</p> <p>City Lakeland State FL Zip Code 33811</p> <p>Purpose of Disbursement food & beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D2-00N107</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="64.14"/></p> <p>Category/ Type</p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4-004L1q</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.68"/></p> <p>Category/ Type</p> <p>[MEMO ITEM] Credit Card Item</p>

SUBTOTAL of Disbursements This Page (optional)

758.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5-004L1r</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>03 / 02 / 2009</div> </p> <p>Amount of Each Disbursement this Period <div>294.00</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D6-004L1s</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>03 / 06 / 2009</div> </p> <p>Amount of Each Disbursement this Period <div>1.51</div> </p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Yellow Dog Cafe</p> <p>Mailing Address 905 S. U.S. Highway 1</p> <p>City Malabar State FL Zip Code 32950</p> <p>Purpose of Disbursement food & beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D8-00US02</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>02 / 19 / 2009</div> </p> <p>Amount of Each Disbursement this Period <div>157.18</div> </p> <p>[MEMO ITEM] Credit Card Item</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Robert Watkins & Company

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
accounting services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D216-001H0D
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Robert Watkins & Company

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
accounting services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D217-001H0E
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Robert Watkins & Company

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
accounting services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D218-001H0F
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Friends of Bill Posey**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Data Targeting, Inc.Nature of Debt (Purpose):
campaign consulting

Mailing Address 6211 N.W. 132nd Street

City State ZIP Code
Gainesville FL 32653

Outstanding Balance Beginning This Period

67500.00

Transaction ID: 17

Amount Incurred This Period

0.00

Payment This Period

22500.00

Outstanding Balance at Close of This Period

45000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Victory Group, Inc.Nature of Debt (Purpose):
media consulting

Mailing Address 1220 Hillshire Road

City State ZIP Code
Baltimore MD 21222

Outstanding Balance Beginning This Period

15000.00

Transaction ID: 18

Amount Incurred This Period

0.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Data Targeting, Inc.Nature of Debt (Purpose):
direct mail services

Mailing Address 6211 N.W. 132nd Street

City State ZIP Code
Gainesville FL 32653

Outstanding Balance Beginning This Period

0.00

Transaction ID: 23

Amount Incurred This Period

3469.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

3469.60

1) SUBTOTALS This Period This Page (optional).....

48469.60

2) TOTALS This Period (last page this line number only).....

48469.60

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

48469.60